## Case 22-10881-pmm Doc 15 Filed 05/18/22 Entered 05/18/22 08:06:52 Desc Main Document Page 1 of 4

EIII	in this information to	a identify your c	380.				Ì				
	otor 1	Bassam H. [									
	otor 2 buse, if filing)					_					
Uni	ted States Bankrupt	tcy Court for the	: _EASTERN DISTRICT	OF PENNSYLVANIA	A						
Cas	se number 22-	10881					Ch	eck if this is	:		
(If kr	nown)			-				An amende	ed filina		
								A supplem	ent showin	g postpetition ollowing date:	
O.	fficial Form	106I						MM / DD/	YYYY		
S	chedule I: `	Your Inc	ome								12/15
spo atta	use. If you are sep ch a separate shee	arated and you et to this form.	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infor	mati	on abo	out your sp	ouse. If mo	ore space is	needed,
١.	information.	Dyment		Debtor 1				<b>Debtor</b>	2 or non-fi	ling spouse	
	If you have more t	page with	Employment status	■ Employed			☐ Employed				
	attach a separate pa information about ac employers.			☐ Not employed			☐ Not employed				
	. ,		Occupation	Auditor							
	Include part-time, self-employed wor		Employer's name	Geodis							
	Occupation may in or homemaker, if i		Employer's address	Breinigsville, P	A						
			How long employed t	here? Since 2	2012						
Par	t 2: Give Det	ails About Mor	nthly Income								
	mate monthly inco		ate you file this form. If	you have nothing to r	eport for	any	ine, w	rite \$0 in the	space. Inc	clude your no	n-filing
	u or your non-filing : e space, attach a se		ore than one employer, co this form.	ombine the information	on for all	emplo	oyers f	or that perso	on on the li	nes below. If	you need
							For D	ebtor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the month		2.	\$		3,384.62	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$	3	,384.62	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Bassam H. Dib	_	С	ase number (if k	nown)	22-10	)881		
					For Debtor 1			Debtor		
	Cor	by line 4 here	4.	_	\$ 3,384	1.62		-filing s	pouse N/A	_
_	·						. •		14,71	-
5.		t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		. —	B.10	—		N/A	_
	5b.	Mandatory contributions for retirement plans	5b			0.00			N/A	-
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c 5d			0.77			N/A N/A	-
	5u. 5e.	Insurance	5u 5e		: <del></del>	0.00 0.00	- : —		N/A N/A	-
	5f.	Domestic support obligations	5f.		\$ 1,39				N/A	-
	5g.	Union dues	5g			0.00	—		N/A	=
	5h.	Other deductions. Specify: 401k Loan Repayment	5h		. —	6.60	—		N/A	-
		Vision Insurance			\$	1.39	\$		N/A	-
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	2,36	3.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	1,02	1.62	\$		N/A	_
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$1,050	0.00			N/A	_
	8b.	Interest and dividends	8b		\$	0.00	_ \$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	1 <b>t</b> 8c		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$	0.00	\$		N/A	-
	8e.	Social Security	8e		\$	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ce 8f.		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g			0.00			N/A	
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	_ + \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,050	).00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,071.62	<b>1</b> s		N/A	= \$	2,071.62
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<u> </u>	2,011102			14//	_	2,071.02
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no ecify:	ur depe				•	chedule 11.		0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Certilies						12.	\$	2,071.62
								ι	Combin	
13.	Do	you expect an increase or decrease within the year after you file this form	m?						monthl	y income
	_	Yes. Explain:				—				

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:						
	otor 1	Bassam H. D	Dib			Ch	Aı	if this is:	
	otor 2 ouse, if filing)								ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the:	EASTE	RN DISTRICT OF PENN	SYLVANIA		М	M / DD / YYYY	
1	e number 22 nown)	2-10881							
Of	fficial Fo	rm 106J							
S	chedule	J: Your I	Expen	ses					12/1
Be info	as complete a	and accurate as	possible. eded, atta	If two married people a ch another sheet to this					
Par		ibe Your House	hold						
1.	Is this a joir No. Go to								
	☐ Yes. <b>Doe</b>	s Debtor 2 live i	in a separa	ate household?					
	□ N □ Y	-	st file Officia	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	ebtoi	r 2.	
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		_	Dependent's age	Does dependent live with you?
	Do not state dependents								□ No □ Yes
	аоронаонно				-				□ No
							_		☐ Yes ☐ No
									☐ Yes
									□ No
3.		penses include f people other tl	han	No			_		☐ Yes
	•	d your depender		Yes					
exp	imate your ex		our bankru	ptcy filing date unless					pter 13 case to report f the form and fill in the
the		h assistance and		government assistance luded it on <i>Schedule I:</i>				Your exp	enses
(0		,							
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgage	e 4.	\$		300.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.			0.00
	•	rty, homeowner's				4b. 4c.			0.00
		maintenance, re owner's associat				4c. 4d.			0.00 0.00
5.	Additional r	nortgage payme	ents for yo	ur residence, such as h	ome equity loans	5.	\$		0.00

## Case 22-10881-pmm Doc 15 Filed 05/18/22 Entered 05/18/22 08:06:52 Desc Main Document Page 4 of 4

ebtor 1 Bassam H. Dib	c	Case numb	per (if known)	22-10881		
Utilities:						
6a. Electricity, heat, natural gas		6a.	\$	0.00		
6b. Water, sewer, garbage collection		6b.	\$	0.00		
6c. Telephone, cell phone, Internet, satellite, a	nd cable services	6c.	\$	40.00		
6d. Other. Specify:		6d.		0.00		
Food and housekeeping supplies		- 7.	*	400.00		
Childcare and children's education costs		8.	\$	0.00		
Clothing, laundry, and dry cleaning		9.	\$			
				0.00		
Personal care products and services		10.	·	75.00		
Medical and dental expenses		11.	\$	30.00		
<b>Transportation.</b> Include gas, maintenance, bus of	or train fare.	12.	\$	300.00		
Do not include car payments.  Entertainment, clubs, recreation, newspapers	magazines and books	13.				
	_			40.00		
Charitable contributions and religious donation.	ons	14.	\$	0.00		
Insurance.	or included in lines 4 or 20					
Do not include insurance deducted from your pay 15a. Life insurance	or included in lines 4 or 20.	150	¢	0.00		
15b. Health insurance		15a.	·	0.00		
		15b.		0.00		
15c. Vehicle insurance		15c.		35.00		
15d. Other insurance. Specify:		15d.	\$	0.00		
Taxes. Do not include taxes deducted from your	pay or included in lines 4 or 20.		•	<u> </u>		
Specify:		16.	\$	0.00		
Installment or lease payments:			•			
17a. Car payments for Vehicle 1		17a.		0.00		
17b. Car payments for Vehicle 2		17b.	\$	0.00		
17c. Other. Specify:		17c.	\$	0.00		
17d. Other. Specify:		 17d.	\$	0.00		
Your payments of alimony, maintenance, and	support that you did not report as					
deducted from your pay on line 5, Schedule I,	Your Income (Official Form 106I).	18.	\$	0.00		
Other payments you make to support others v	ho do not live with you.		\$	0.00		
Specify:		19.				
Other real property expenses not included in I	ines 4 or 5 of this form or on Schedu	ule I: Yo	ur Income.			
20a. Mortgages on other property		20a.	\$	0.00		
20b. Real estate taxes		20b.	\$	0.00		
20c. Property, homeowner's, or renter's insuran	ce	20c.	\$	0.00		
20d. Maintenance, repair, and upkeep expenses		20d.	\$	0.00		
20e. Homeowner's association or condominium		20e.	\$	0.00		
		21.	·	385.00		
			· -			
Co-Owner's Share of rent from rental pro	perty		+\$	332.50		
Calculate your monthly expenses						
22a. Add lines 4 through 21.			\$	1,937.50		
22b. Copy line 22 (monthly expenses for Debtor 2	), if any, from Official Form 106J-2		\$	,		
22c. Add line 22a and 22b. The result is your mo			\$	1 027 50		
220. Aud line 22a and 22b. The result is your mo	пину ехреносо.		Ψ	1,937.50		
Calculate your monthly net income.						
23a. Copy line 12 (your combined monthly incor	ne) from Schedule I.	23a.	\$	2,071.62		
23b. Copy your monthly expenses from line 22c		23b.	-\$	1,937.50		
23c. Subtract your monthly expenses from your	monthly income.					
The result is your monthly net income.	•	23c.	\$	134.12		
Do you expect an increase or decrease in you For example, do you expect to finish paying for your car modification to the terms of your mortgage?  No.				ease or decrease because o		
_						
☐ Yes. Explain here:						